

Department of Environment and Conservation Division of Water Pollution Control

CONSTRUCTION ACTIVITY – STORM WATER DISCHARGES NOTICE OF INTENT (NOI)

		Eviating	
Site Name: Sinking Creek Wastewater Treatment Plant Phase 4C		Existing Tracking No.	
Street Address or Location: Site Description: 2032 Blanton Drive Murfreesboro, TN 37219 Construction of a new 60 MGD headworks facility and an offsite odor control system.		Start date: 5/2013	
		Estimated end date: 9/2014	
		Latitude: 35.8992 N	
		Longitude: 86.4311 W	
County(ies): Rutherford		Acres Disturbed: 2.16	
Does a topographic map show dotted or solid blue lines X and/or we	etlands on or adjacent to the co	onstruction site?	
If wetlands are located on-site and may be impacted, attach wetlands			
If an Aquatic Resource Alteration Permit has been obtained for this si	te, what is the permit number?	ARAP permit No.: TBD	
Receiving waters: West Fork Stones River			
Attach the SWPPP with the NOI SWPPP Attached	Attach a site location map	⊠ Map Attached ☐	
Site Owner/Developer: (person, company, or legal entity that has operational or design control over construction plans and specifications) Murfreesboro Water and Sewer Department (MWSD)			
Site Owner/Developer Contact: (individual responsible for site)	Title or Position:	23	
Darren Gore, P.E.	Assistant Director of M\	WSD	
Mailing Address: P.O. Box 1477	City:	State: Zip:	
Phone:	Murfreesboro E-mail:	TN 37133	
(615) 848-3209	dgore@murfreesbo	ex2000	
Optional Contact:	Title or Position:		
*Andrew Johnson		Senior Engineer	
Address:	City:	State: Zip:	
2995 Sidco Drive	Nashville	TN 37204	
Phone: (615) 383-1113	E-mail: ajohnson@ssr-inc.co	200	
Owner/Developer Certification (must be signed by president, vice-pr			
I certify under penalty of law that this document and all attachments were properly gathered and evaluated the information or those persons directly responsible for gathering the information, the info	n submitted. Based on my inquiry of mation submitted is, to the best of	the person or persons who manage the system,	
complete. I am aware that there are significant penalties for submitting false in Owner/Developer name: print or type			
Owner/Developer name: print or type	Signature	Date ///	
Darren Gore	Men W. go	1/10/13	
Contractor(s) Certification (must be signed by president, vice-president or equivalent, or ranking elected official)			
I certify under penalty of law that I have reviewed this document, any attachm	ents, and the SWPPP referenced above	e. Based on my inquiry of the construction site	
owner/developer identified above, and/or my inquiry of the person directly responsible for assembling this NOI, I believe the information submitted is accurate. I am aware that this NOI, if approved, makes the above-described construction activity subject to NPDES permit number TNR100000, and that certain of my activities on-site are thereby regulated. I am aware that there are significant penalties, including the possibility of fine and imprisonment for knowing violations, and for failure to comply with these permit requirements.			
Primary contractor name and address; print or type	Signature	Date	
TBD			
Other contractor name and address: print or type	Signature	Date	
		Date	
Other contractor name and address: print or type	Signature	Date	
OFFICIAL STATE USE ONLY			
Received Date Reviewer / A Field Office	Permit Number	High Quality Water	
1-23-13 LAP	M TNR/484	62 Yes	
Fee(s) 250 T& E Aquatic Fauna Deceptoral is also	Impaired Receiving Stream	Notice of Coverage Date	
CN 0040 (Pay 06 08))	705	21-FB-13	
CN-0940 (Rev. 06-08))		RDAs 2399 and 2400	

5081